



Quality Council
Monday, July 28, 2003
3:30-5:00 p.m.
Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Howard Miller Chair, King County Mental Health Advisory Board
Eleanor Owen
Frank Jose
Alice Howell
Alberto Gallego

Staff Present:

Lisbeth Gilbert
Steven Collins

Guests:

Kali Henderson
Christine White

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves

III. PREVIOUS MEETING NOTES APPROVAL

Approval pending edits.

IV. QUALITY COUNCIL MEMBERSHIP

During the last meeting, a number of procedures related to the composition of members and voting rights were discussed, and the discussion continued at this meeting.

It was suggested that meeting notes should indicate which members did not attend, however, until membership protocols are in place, this will be difficult to do.

All agreed that the King County Mental Health Advisory Board must endorse proposed members of the Quality Council (QC). The Board by-laws state that a minimum of three QC members must be Board members, so with Alice Howell completing her term on the Board, there is now a vacancy for one Board position. In addition, up to ten community members can be members of the QC, and the procedures for identifying, nominating, and approving these members can be decided by the QC. It is these procedures that the QC needs to work on. Chair Ron Sterling indicated he will prepare draft procedures for the QC to review.

A discussion about Quality Council voting rights followed, and it was agreed that all Board and community members should have equal voting rights. Ex-officio members, such as the Board Chair, do not have voting rights, according to the by-laws.

V. QUALITY COUNCIL RECOMMENDATIONS

Chair Ron Sterling announced that the final letter from the QC on the topic of case manager turnover was submitted to Board Chair Howard Miller for the full Board's approval. The letter will then be sent under Howard's signature to RSN Director Amnon Shoenfeld.

Ron provided members with an updated annual plan for the Quality Council and a summary of accomplishments from the past year. Members noted that the QC had not held an open forum which was included in the previous year's plan. Members discussed logistical issues related to holding open forums that included location, times of day, and promoting the purpose for such forums. Frank Jose suggested the three National Alliance for the Mentally Ill (NAMI) affiliates in King County might each be able to sponsor forums as part of their regular meetings. Howard suggested that Quality Council members could facilitate an open microphone type of discussion. Frank agreed to contact the Eastside and South King County NAMI affiliates and find out if this would be of interest to them.

Liz noted that the RSN has an internal work group that will develop a recovery oriented policy and work plan. She suggested there might be ways the QC can participate once the initial internal work is completed. It was suggested that the work group chair, Barbara Vannatter, be invited to a future QC meeting, and Liz agreed to follow up.

VI. RSN UPDATE

- Liz Gilbert discussed the 2002 Recovery Ordinance Report. She stressed that that findings from this report are hindered by the very narrow definitions for recovery, and that the Mental Health Plan Report Card provides another perspective about consumer outcomes. This report card is issued once per calendar quarter, and it is hoped the QC will regularly review the report card and make recommendations to the RSN.
- The After-Hour Crisis Response Work Group completed its work, and draft policies and procedures were distributed to the July 25th Partnership Group. There are 30 days during which feedback can be provided, and QC members were encouraged to give feedback to Alice Howell, QC liaison to the work group.
- The State budget has passed and while mental health did not lose additional funding, there were no gains in funding levels either. It appears the allocation level for King County in 2004 remains similar to 2003, but current projections indicate drastic cuts during 2005 if the Joint Legislative Audit Review Committee recommendations are implemented. The state Mental Health Division (MHD) forwarded rate recommendations to the Center for Medicaid & Medicare Services which, if approved, should provide some relief to King County -- these recommendations recognize that the cost of providing services vary by Regional Support Network. The MHD proposal incorporates the greater number of disabled Medicaid enrollees in King County, and findings from the actuarial study. The prevalence study should be completed by November 1, 2003, but it is unknown at this time whether findings will make much of an impact on rates.
- The MHD and RSNs have agreed on contract terms for the 2003-2005 biennium. King County's contract terms are August 1, 2003-June 30, 2005. RSNs expect some amendments in the near future, including rates. The new contract has fewer deliverables than the previous one, and some of these will require Board review. Liz will keep the Board posted.
- The 2004 Policies and Procedures are being worked on, and will reflect changes in the new state contract among other things.
- The Criminal Justice Continuum of Care Initiatives are getting underway:
 - Dr. Deborah Srebnik was hired to evaluate each program initiative, and their overall impact on the King County criminal justice system (e.g., recidivism rates).
 - The new co-occurring disorder tier benefit will become effective on August 1, 2003. Community Psychiatric Clinic and Seattle Mental Health will provide countywide services.
 - The liaison functions Seattle Mental Health were expanded, and three additional liaisons were hired to work with inmates in the King County Correctional Facility (Seattle), the Regional Justice Center (Kent), and the Day Reporting Center (Seattle).
 - The liaisons will participate with the three voucher programs developed to assist consumers access services and supports:
 - 1) Housing vouchers
 - 2) Non-Medicaid tier benefit
 - 3) Short-term benefit (pending conversion to Medicaid)